

# FRIENDS OF WEXFORD GENERAL HOSPITAL FUNDRAISING REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING:

NAMES OF TWO MAIN ORGANISERS OF FUNDRAISERS:

NAME:..... NAME:.....

ADDRESS:..... ADDRESS:.....

.....

E-MAIL:..... E-MAIL:.....

PHONE NO:..... PHONE NO:.....

MOBILE NO:..... MOBILE NO.....

\*Details of proposed event.....

\*Date of event: .....

\*Venue: .....

Do you require any assistance from Friends of Wexford General Hospital?  
Please specify:

.....  
.....

(we can assist you with PR, provide you with posters, sponsorship cards,  
collection buckets, etc.)

Proposed date of handover of proceeds.....

Please note that legal/gardai permissions, insurance cover and any other  
clearances or permissions remain the full responsibility of the above  
named organiser(s)

\*Denotes information that may be published on our website